

Lobbying Supplemental Registration Form

To be used for changes to registrations and terminations.

Instructions

- 1. Print in ink or type.
- 2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8772 or (800) 842-6630. No fee is required.
- 3. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: July 08Supp-LACK✓**1072013**1. NAME Coulon Christopher P.
Last First Middle Initial2. BUSINESS PHONE 504-581-32343. BUSINESS ADDRESS 701 Poydras Street, St. 4500, New Orleans, LA 70139
Street and No. City State ZipMAILING ADDRESS Same as above
Street and No. City State Zip4. EMPLOYER Adams and Reese, LLP5. EMPLOYER'S ADDRESS Same as above
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Mastercard InternationalAddress 2000 Purchase Street, Purchase, New York 10577Business or purpose Credit card services, identity theft New Representation
Does this person pay you? NoIf No, who pays you? Adams and Reese, LLP Terminated Representation as of _____**HAND DELIVERED**

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

New Representation
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

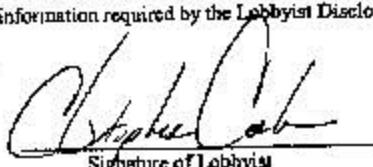
New Representation
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


A handwritten signature in black ink, appearing to read "Stephen C. Cob".

Signature of Lobbyist